

EXECUTIVE SUMMARY

Ideal Energiwews, Inc., Post Office Box 465, West Frankfort, Illinois 62896, Williamson County, Lat. 37°-41'-30", Long. 088°-47'-35", Crab Orchard -272-B. Owned and operated by Mr. Danny L. Melvin, 1305 North Yale Street, Marion, Illinois 62959 (618) 997-6434. Person to contact: R. Burton Melvin, 404 South Logan Street, West Frankfort, Illinois 62896 (618) 997-6434.

This site is located south of Crab Orchard on 40 acres lying adjacent to and west of the first crossroad one mile south of Crab Orchard. This was a previous surface mined area. This company was a coal recovery operation consisting of a 200 ton/hour washing plant with a closed circuit water system. An existing flooded pit was used as water source for settling waste material, and also was used for waste water. This general area had not been one of the trouble areas for abandoned mine drainage.

The mine refuse and slurry was deposited in pit No. One and when it was filled it was covered with four feet of clay. In January 1980, the coal washing plant was sold to an operation in Kentucky and removed from this site.

The affected lands were properly covered and vegetated. There is no evidence of hazardous waste disposal at this site. This Agency recommends a none priority assessment for this site.

LW:jk/sp/2546d,9

NFA code 0403
C.G. Crank
7/7/87



IV SE
BURG)
CORINTH 6 MI
PAULTON MI
142 47 30" 143
170,000 FEET

144 145





Barbara Kay Mine

Radio Tower

Edwards Cem.

Crab Orchard

Mt. Pleasant

Walnut Hill Ch.

Ferrell Cem.

Strip Mine

Coke Mine

PLANT #1

CARBON ENERGIES, WASHER #1
J.D. BARTER

WILLIAMSON COUNTY
TNS. R. 4 E. 3 PM.
SCALE 2 1/2 INCHES = 1 MILE

MINE-3633-2 POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT		I. IDENTIFICATION 01 STATE 02 SITE NUMBER ILD 980899017	
II. SITE NAME AND LOCATION			
01 SITE NAME (Legal, common, or descriptive name of site)		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER	
IDEAL ENERGIES INC.		2 miles S of Crab Orchard	
03 CITY	04 STATE	05 ZIP CODE	06 COUNTY
Crab Orchard WEST FRANKFORT	IL	62996	WILLIAMSON
09 COORDINATES	07 COUNTY CODE	08 CONG DIST	
37 41 30.0	088 47 35.0	199	24
10 DIRECTIONS TO SITE (Starting from nearest public road)			
SEE ATTACHMENT'S ON THE BACK			
III. RESPONSIBLE PARTIES			
01 OWNER (If known)		02 STREET (Business, mailing, residential)	
DANNY L. MELVIN		1305 N. YALE	
03 CITY	04 STATE	05 ZIP CODE	06 TELEPHONE NUMBER
MARION	IL	62959	618-997-6434
07 OPERATOR (If known and different from owner)		08 STREET (Business, mailing, residential)	
09 CITY	10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER
			()
13 TYPE OF OWNERSHIP (Check one)			
<input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN			
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)			
<input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: ____/____/____ <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: ____/____/____ <input checked="" type="checkbox"/> C. NONE			
IV. CHARACTERIZATION OF POTENTIAL HAZARD			
01 ON SITE INSPECTION		BY (Check all that apply)	
<input checked="" type="checkbox"/> YES DATE 03-16-77 <input type="checkbox"/> NO 12-11-80		<input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify)	
02 SITE STATUS (Check one)		03 YEARS OF OPERATION	
<input type="checkbox"/> A. ACTIVE <input checked="" type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		1978 1980 BEGINNING YEAR ENDING YEAR <input type="checkbox"/> UNKNOWN	
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED			
NONE			
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION			
NONE			
V. PRIORITY ASSESSMENT			
01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)			
<input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input checked="" type="checkbox"/> D. NONE (No further action needed, complete current disposition form)			
VI. INFORMATION AVAILABLE FROM			
01 CONTACT		02 OF (Agency/Organization)	
R. BURTON MELVIN		PRES	
04 PERSON RESPONSIBLE FOR ASSESSMENT		05 AGENCY	06 ORGANIZATION
LARRY WINNER		IEPA	HSPS
		07 TELEPHONE NUMBER	08 DATE
		217 782 9848	11 14 84 MONTH DAY YEAR





POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE

02 SITE NUMBER

ILL 980899017

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ B. SURFACE WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ C. CONTAMINATION OF AIR

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ E. DIRECT CONTACT

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ F. CONTAMINATION OF SOIL

03 AREA POTENTIALLY AFFECTED: _____
(Acres)

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ G. DRINKING WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ H. WORKER EXPOSURE/INJURY

03 WORKERS POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ I. POPULATION EXPOSURE/INJURY

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

TLD 980899017

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills runoff standing liquids leaking drums)

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: _____

IV. COMMENTS

V. SOURCES OF INFORMATION (Cite specific references, e. g., state files, sample analysis, reports)

I EPA MINE FILES